

BASIC LIFE SUPPORT - PRACTICAL SKILL TEACHING SHEET

SPLINTING - TRACTION

SCENE SIZE-UP	
Assess:	Need for body substance isolation, Scene safety, Trauma(MOI) or Medical(NOI) nature, and Number of Patients
ASSESSMENT	
Perform initial assessment and appropriate rapid, focused or detailed assessment as indicated.	
EMERGENCY MEDICAL CARE - TRACTION SPLINTING	
<p>Indications:</p> <ul style="list-style-type: none"> ▪ For use in a painful, swollen, deformed mid-thigh with no joint or lower leg injury. <p>Contraindications:</p> <ul style="list-style-type: none"> ▪ Injury is close to the knee. ▪ Injury to the knee exists. ▪ Injury to the hip. ▪ Injured pelvis. ▪ Partial amputation or avulsion with bone separation, distal limb is connected only by marginal tissue. Traction would risk separation. ▪ Lower leg or ankle injury. <p>Procedure:</p> <p>Assess pulse, motor, and sensation distal to the injury and record findings.</p> <p>Perform manual immobilization of the injured leg.</p> <p>Apply manual traction - required when using a bi-polar splint.</p> <p>Prepare/adjust splint to proper length.</p> <p>Position splint under injured leg.</p> <p>Apply proximal securing device (ischial strap).</p> <p>Apply distal securing strap (ankle hitch) and connect to mechanical traction.*</p> <p>Apply mechanical traction.</p> <p>Position/secure support straps avoiding knee and injury site.</p> <p>Reevaluate proximal/distal securing devices.</p> <p>Manual traction may be released.</p> <p>Reassess pulses, motor, sensation distal to the injury after application of the splint and record findings.</p>	

Secure torso to long spineboard to immobilize hip.

Secure splint to long spineboard to prevent movement of splint.

Move long spineboard and patient to stretcher.

Secure long spineboard and patient to stretcher.

** Distal securing device (ankle hitch) may be applied to ankle prior to applying manual traction.*

NOTE: Dress all open wounds and pad void areas prior to final application of splint.